

NEW MEXICO OIL CONSERVATION COMMISSION

WELL REMEDIAL REPORT

(Submit in quadruplicate to Box 2045, Hobbs, or Box 697, Aztec, New Mexico)

COMPANY _____ ADDRESS _____

LEASE _____ WELL NO. _____ UNIT _____ S. T. R. _____

DATES WORK PERFORMED _____ POOL _____

NATURE OF WORKOVER (Check those applicable)		ORIGINAL WELL DATA	
D. D. _____	Plugback _____	DF. Elev. _____	TD. _____ PBD. _____
Acidize _____	Set Liner _____	Comp. Date _____	Prod. Interval _____
Shoot _____	Set Packer _____	Tubing Dia. _____	Tubing depth _____
Frac _____	Set Pump _____	Oil String Dia. _____	Oil String depth _____
Squeeze _____	Install G. L. _____	Perf. Interval (s) _____	
Other _____		Open Hole Interval _____	
Other _____		Prod. Formation (s) _____	

WORKOVER DATA: (Detailed account of work done, quantity and nature of materials)

(If additional space is required, use back of form)

RESULTS OF WORKOVER	BEFORE	AFTER
Date of Test	_____	_____
Oil Production, bbl/day	_____	_____
Gas Production, MCF/day	_____	_____
Water production, bbl/day	_____	_____
Gas-oil ratio, cu ft/bbl	_____	_____
Gas well potential, MCF/day	_____	_____

I certify that the foregoing account is accurate and complete to the best of my knowledge.

Date_____
(Name)_____
(Title)